

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Dr. B 7125 Marvin D. Love #107 Dallas, TX 75237	MDR Tracking No.: M4-04-4756-01
	TWCC No.: _____
	Injured Employee's Name: _____
Respondent's Name and Address Fidelity & Guaranty Insurance Box 19	Date of Injury: _____
	Employer's Name: _____
	Insurance Carrier's No.: A36460067700010164

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
07/18/03	07/18/03	99204, 71020-WP & 80053	\$73.54	

PART III: REQUESTOR'S POSITION SUMMARY

Position Summary dated 12/24/03 states in part, "...Our attached charges were not paid according to TWCC Fee Schedule..."

PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary dated 01/21/04 states in part, "...Carrier takes the position that the Requestor has been properly reimbursed."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

CPT Code 99204 for date of service 07/18/03. The carrier reduced the reimbursement; but did not include a payment exception code. Per the 1996 MFG/E&M CPT descriptor the maximum allowable reimbursement is \$106.00; the insurance carrier reimbursed a total of \$78.65 leaving a balance of \$27.35 in dispute. Additional reimbursement in the amount of \$27.35 is recommended.

CPT Code 71020-WP for date of service 07/18/03. The carrier reduced reimbursement; but did not include a payment exception code. Per the 1996 MFG/R/NMGR CPT descriptor the maximum allowable reimbursement for both PC\$ and TC\$ is \$70.00; the insurance carrier reimbursed a total of \$48.98, leaving a balance of \$21.02 in dispute. Additional reimbursement in the amount of \$21.02 is recommended.

CPT Code 80053 for date of service 07/18/03. The carrier reduced reimbursement; but did not include a payment exception code. Per the 1996 MFG/PGR this CPT code is not one of the pathology codes listed in the Fee Guideline; therefore, additional reimbursement is not recommended.

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